

Utah Health Status Update

KEY FINDINGS

- The majority of survey respondents listed chronic pain (73%) as their qualifying condition for medical cannabis use, followed by Post Traumatic Stress Disorder (24%) (Figure 1).
- Overall, 91% of patients reported they believe their medical cannabis dosage is the best option for their condition.
- 90% of respondents rated improved symptoms related to the condition being treated with medical cannabis as a 7-10 (10 being a significant life-changing benefit) (Figure 2).
- 55% of respondents reported decreasing the use of other medications due to the use of medical cannabis (Figure 3).

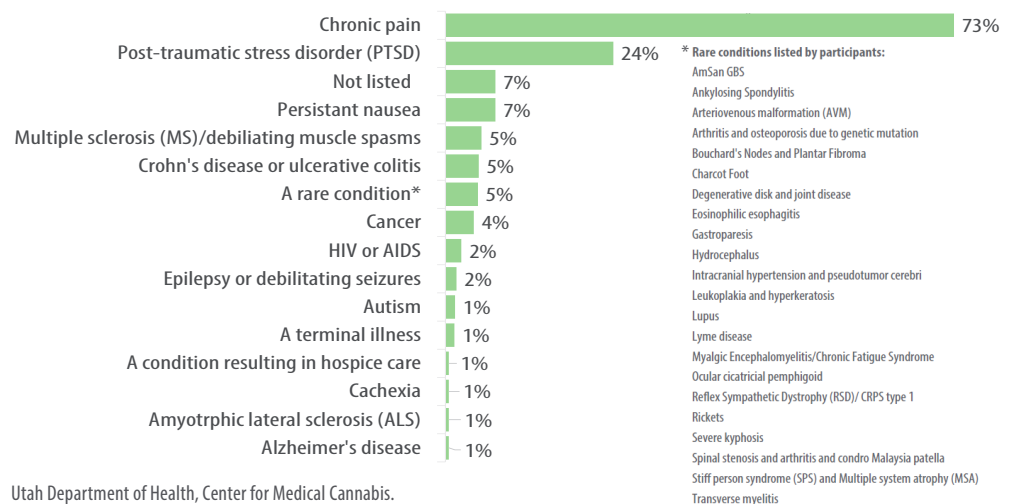
Medical Cannabis Patient Survey Results, 2020

On November 6, 2018, Utah voters approved Proposition 2, which legalized the use of medical cannabis in Utah for qualifying patients. The Utah Medical Cannabis Act¹ designates the Utah Department of Health as the agency responsible for licensing and oversight of medical cannabis pharmacies, registration of medical providers, and issuance of medical cannabis cards to qualifying patients.² Cannabis purchase for medical use by qualifying patients began in Utah on March 2, 2020. Since then, the program has expanded to more than 17,000 patients.

In October 2020, the Center for Medical Cannabis sent out the first medical cannabis patient survey to patients registered for at least 30 days in the Utah Medical Cannabis program. The purpose of this survey was to gain input from patients in the program and understand if the current medical cannabis program offers the most useful available care to participants for medical cannabis. The survey was sent by email to 4,400 eligible patients in the medical cannabis program. The survey was completed by 619 patients, parents or guardians, or caregivers, with 559 surveys considered eligible to be included in the analysis. Participation in this survey was voluntary and all records are confidential. Findings from the survey can be found in the newly published report, [Medical Cannabis Patient Survey](#).

Qualifying Conditions Among 559 Cannabis Survey Participants

Figure 1. Chronic pain (73%) and PTSD (24%) were the highest reported conditions of survey participants.



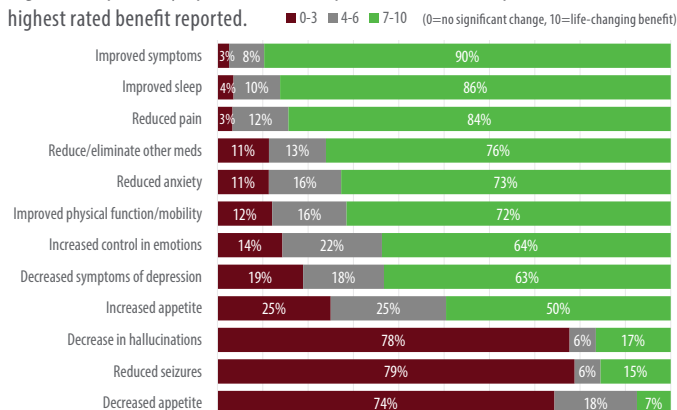
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Most participants listed chronic pain (73%) as their qualifying condition for medical cannabis use followed by Post Traumatic Stress Disorder (24%) which is reflective of the program overall. Patients can also enter the program with a rare condition and 5% of respondents to the survey listed a rare condition as their qualifying condition (Figure 1). Patients who do not have a qualifying condition or who are minors can send applications to the Compassionate Use Board (CUB) to help qualify for the program. The CUB meets monthly to review applications and full medical histories of patients which allow or deny the use of medical cannabis. Seven percent of participants in this survey reported they entered the program through a CUB approval. Conditions related to these reviews include anxiety, sleep disorders, anorexia, Parkinson's disease, and depression.

Overall, 91% of patients reported they believe their medical cannabis dosage is the best option for their condition. Participants were asked to rate their benefits, if any, on a scale of 0-10 (0 being no significant change and 10 being a life changing benefit). Notably, 90% of respondents rated improved symptoms related to the condition being treated with medical cannabis as a 7-10 (Figure 2). Nine percent of patients reported that they experienced some sort of negative side effect from the use of medical cannabis.

Percentage of Patient Ratings for Benefits from Medical Cannabis Use

Figure 2. Improved symptoms (90%), sleep (86%), and reduced pain (84%) were the highest rated benefit reported.



Utah Department of Health, Center for Medical Cannabis.

Patients were also asked about their use of other medications and the effect in daily dose due to the use of medical cannabis. Fifty-five percent of respondents reported decreasing the use of other medications as an outcome with medical cannabis use. Medications most commonly reported as being impacted by the use of medical cannabis include adderall, oxycodone, gabapentin and clonazepam.

This survey is distributed to patients in the medical cannabis program as they approach their renewal period on an ongoing basis in an effort to continually assess the program. The Center for Medical Cannabis will evaluate the results of this survey twice a year to receive feedback on the program and to better understand the impact of the use of medical cannabis with Utah patients.

See the full report of the Patient Survey findings at <https://medicalcannabis.utah.gov/resources/reporting/>.

1. The Utah Medical Cannabis Act: <https://le.utah.gov/xcode/Title26/Chapter61A/26-61a.html>

2. Utah Medical Cannabis Survey: https://medicalcannabis.utah.gov/wp-content/uploads/2020/12/Medical-Cannabis-Patient-Survey_FINAL_REPORT.pdf

Postpartum Contraception Use among Utah Women

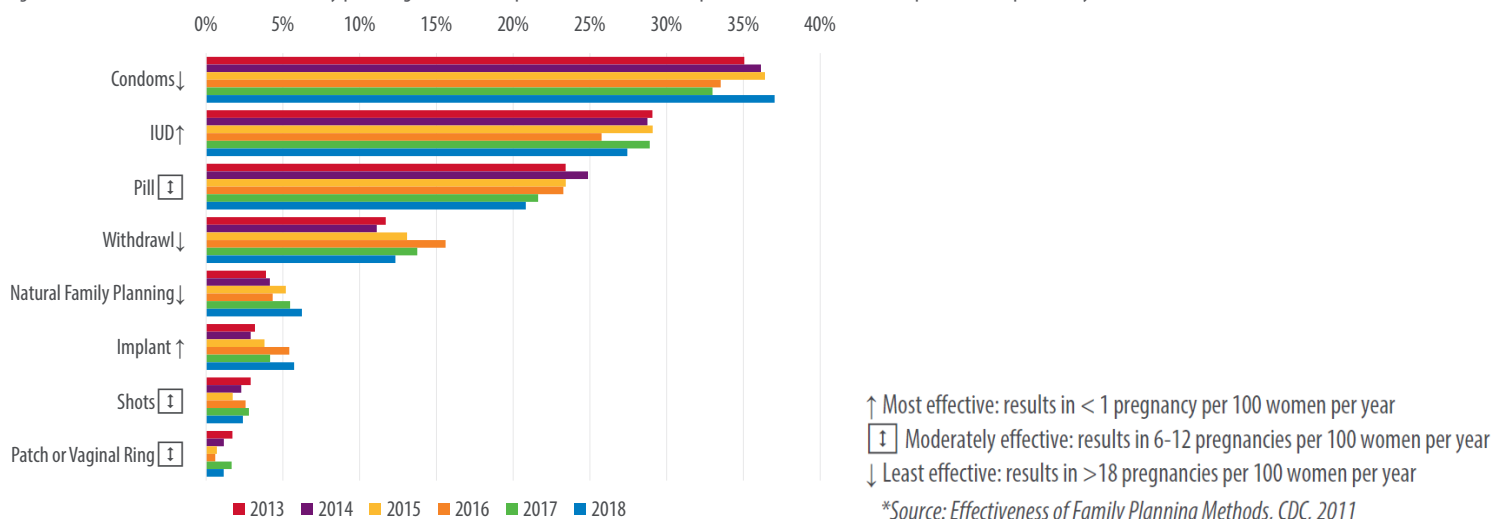
Contraception use among postpartum women is important to prevent unintended pregnancies and optimize birth spacing as interpregnancy intervals shorter than 18 months are significantly associated with increased risk of adverse perinatal outcomes.¹

According to data collected through the Utah Pregnancy Assessment Monitoring System (PRAMS), rates of various postpartum contraceptive use have not significantly changed over the past several years (Figure 1). Long-acting reversible contraceptive (LARC) methods such as intrauterine devices (IUD) are considered among the most effective methods. Recent studies have shown hormonal IUD placement after delivery to be safe for both mothers and infants², evidence that may lead to more use in the future. PRAMS surveys are generally completed by women 2-6 months postpartum. Data collected during 2016–2018 show 91.2% of women who attended a postpartum check-up reported their healthcare provider talked to them about contraceptive methods and 86.6% reported using some form of contraception postpartum. However, data for reasons why women selected a specific contraceptive method are lacking.

It is important to ensure all postpartum women have access to a full range of contraceptive methods, including long-acting reversible contraception. Public health efforts and programs addressing barriers in the postpartum period may help improve contraceptive access. In Utah, Family Planning Elevated (FPE) <https://myfpe.org/>, is a statewide contraceptive initiative that provides information about the availability, effectiveness, and safety of long-acting reversible contraception (and other methods). FPE partners with federally-qualified health centers, local health departments, and rural clinics to provide no-cost contraception to low income uninsured and under-insured clients. Additionally, the de-bundling of postpartum LARC from Medicaid was a significant legislative step forward in 2018, as it allows hospitals to receive additional reimbursement for providing postpartum LARC methods to clients before they leave the hospital, which in turn increases the likelihood of these methods being offered to women who want them.

Postpartum Contraceptive Use by Method* Utah, 2013–2018

Figure 1. Condom use (37%) natural family planning (6%), and implants (6%) for contraception increased in 2018 compared to the previous year.



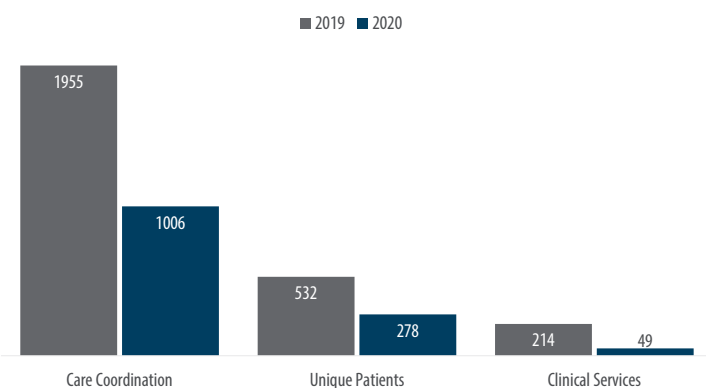
1. Conde-Agudelo A, Rosas-Bermúdez A, Kafury-Goeta AC. Birth spacing and risk of adverse perinatal outcomes: a meta-analysis. JAMA. 2006 Apr 19;295(15):1809-23. doi: 10.1001/jama.295.15.1809. PMID: 16622143.
2. Sonalkar S, Kapp N. Intrauterine device insertion in the postpartum period: a systematic review. Eur J Contracept Reprod Health Care. 2015 Feb;20(1):4-18. doi: 10.3109/13625187.2014.971454. Epub 2014 Nov 14. PMID: 25397890.

COVID-19 Serving Children with Special Health Care Needs

Children with special health care needs (CSHCN) are federally defined as those children who “have or are at increased risk for chronic physical, developmental, behavioral, or emotional conditions who also require health and related services of a type or amount beyond that required by children generally”¹. Since 2015, the Integrated Services Program (ISP) has provided care coordination for children with special healthcare needs. In 2017, ISP added a small clinical services program focusing on developmental delays including autism. For the period of April 1 to September 30, 2019, the ISP clinical team traveled to Moab, Blanding, Richfield, Price, and Vernal providing 2,169 total encounters including 214 clinical evaluations and 1,955 care coordination visits (Figure 1). Due to the COVID-19 pandemic, Utah state travel restrictions, and lack of face to face encounters with patients, many traditional services were postponed for several months during the period of April 1 to September 30, 2020. As tele-evaluation methods were adapted and implemented, ISP began more clinical assessments in October 2020 (not reflected here). Overall, the types of support and services requested by CSHCN families from our care coordinators and clinical staff shifted during the COVID-19 pandemic between concerns with medical and developmental delays (often included with other behavioral concerns including autism) to more support for autism. Behavioral health concerns remained relatively steady (Figure 2). Overall, COVID-19 has affected the CSHCN population’s ability to receive supportive services for behavioral health, with complex issues like autism being even more of a challenge. The pandemic is pushing more medical and behavioral health services to a remote/virtual environment. As such, many services are becoming available to families of children with special health care needs.

2019–2020 Comparison of Small Clinical Service Encounters Between April to September

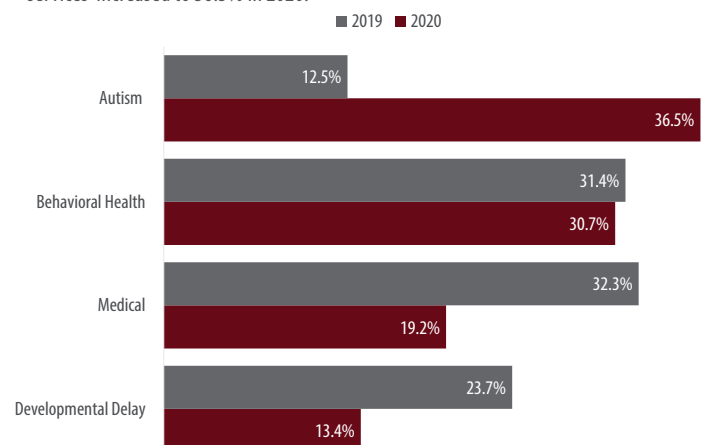
Figure 1. Encounters for care coordination decreased from 1,955 in 2019 to 1,006 in 2020.



Data retrieved from ISP electronic health record: CaduRX

2019–2020 Comparison of Health Services Requested Between April to September

Figure 2. Medical health services decreased in 2020 while the need for autism health services increased to 36.5% in 2020.



1. Health Resources and Services Administration, Maternal and Child Health Bureau, Retrieved December 2, 2020.

Monthly Health Indicators

Monthly Report of Notifiable Diseases, November 2020	Current Month # Cases	Current Month # Expected Cases (5-yr average)	# Cases YTD	# Expected YTD (5-yr average)	YTD Standard Morbidity Ratio (obs/exp)
Campylobacteriosis (<i>Campylobacter</i>)	25	37	372	507	0.7
COVID-19 (SARS-CoV-2)	Cases updated at https://coronavirus.utah.gov/case-counts/ .				
Shiga toxin-producing <i>Escherichia coli</i> (<i>E. coli</i>)	13	9	170	133	1.3
Hepatitis A (infectious hepatitis)	0	1	11	7	1.5
Hepatitis B, acute infections (serum hepatitis)	0	1	9	1	7.5
Influenza*	Weekly updates at http://health.utah.gov/epi/diseases/influenza .				
Meningococcal Disease	0	1	1	0	2.5
Pertussis (Whooping Cough)	3	28	118	345	0.3
Salmonellosis (<i>Salmonella</i>)	17	26	337	353	1.0
Shigellosis (<i>Shigella</i>)	4	6	46	53	0.9
Varicella (Chickenpox)	10	21	78	190	0.4
Quarterly Report of Notifiable Diseases, 3rd Qtr 2020	Current Quarter # Cases	Current Quarter # Expected Cases (5-yr average)	# Cases YTD	# Expected YTD (5-yr average)	YTD Standard Morbidity Ratio (obs/exp)
HIV/AIDS†	31	36	81	97	0.8
Chlamydia	2,648	2,558	7,545	7,500	1.0
Gonorrhea	777	660	2,085	1,772	1.2
Syphilis	25	32	76	87	0.9
Tuberculosis	5	6	19	20	1.0
Medicaid Expenditures (in Millions) for the Month of November 2020	Current Month	Expected/ Budgeted for Month	Fiscal YTD	Budgeted Fiscal YTD	Variance over (under) Budget
Mental Health Services	\$ 16.6	\$ 16.5	\$ 95.2	\$ 96.3	\$ (1.1)
Inpatient Hospital Services	17.0	16.9	69.3	70.5	(1.2)
Outpatient Hospital Services	2.6	2.9	13.5	14.7	(1.2)
Nursing Home Services	42.8	43.0	113.6	114.6	(1.1)
Pharmacy Services	9.6	9.7	51.1	52.6	(1.6)
Physician/Osteo Services‡	6.5	6.4	19.2	19.7	(0.5)
Medicaid Expansion Services	62.6	62.1	304.3	305.8	(1.5)
***TOTAL MEDICAID	340.2	340.3	1459.0	1460.6	(1.6)

|| Updates for COVID-19 can be found at <https://coronavirus.utah.gov>. This includes case counts, deaths, number of Utahns tested for disease, and latest information about statewide public health measures to limit the spread of COVID-19 in Utah.

* More information and weekly reports for Influenza can be found at <http://health.utah.gov/epi/diseases/influenza>.

† Diagnosed HIV infections, regardless of AIDS diagnosis.

Notes: Data for notifiable diseases are preliminary and subject to change upon the completion of ongoing disease investigations.

Active surveillance for West Nile Virus will start in June for the 2020 season.

‡ Medicaid payments reported under Physician/Osteo Services does not include enhanced physician payments.

***The Total Medicaid Program costs does not include costs for the PRISM project.

Monthly Health Indicators

Program Enrollment for the Month of November	Current Month	Previous Month	% Change\$ From Previous Month	1 Year Ago	% Change\$ From 1 Year Ago
Medicaid	372,975	365,284	+2.1%	287,382	+29.8%
CHIP (Children's Health Ins. Plan)	15,932	16,062	-0.8%	17,123	-7.0%
Commercial Insurance Payments#	Current Data Year	Number of Members	Total Payments	Payments per Member per Month (PMPM)	% Change\$ From Previous Year
Medical	2018	10,355,207	\$ 3,146,492,372	\$ 303.86	-0.9%
Pharmacy	2018	8,195,234	543,507,290	66.32	+3.6%
Annual Community Health Measures	Current Data Year	Number Affected	Percent \ Rate	% Change\$ From Previous Year	State Rank** (1 is Best)
Obesity (Adults 18+)	2019	605,345	29.9%	+10.1%	15 (2019)
Child Obesity (Grade School Children)	2018	38,100	10.6%	+11.6%	n/a
Cigarette Smoking (Adults 18+)	2019	175,800	8.0%	-12.0%	1 (2019)
Vaping, Current Use (Grades 8, 10, 12)	2019	37,100	12.4%	+11.3%	n/a
Binge Drinking (Adults 18+)	2019	240,000	11.1%	+4.4%	1 (2019)
Influenza Immunization (Adults 65+)	2019	223,600	63.9%	+22.8%	22 (2019)
Health Insurance Coverage (Uninsured)	2018	300,300	9.5%	-3.1%	n/a
Motor Vehicle Traffic Crash Injury Deaths	2018	239	7.6 / 100,000	-16.2%	8 (2018)
Drug Overdose Deaths Involving Opioids	2018	404	12.8 / 100,000	-0.9%	24 (2018)
Suicide Deaths	2018	665	21.0 / 100,000	-1.5%	46 (2018)
Unintentional Fall Deaths	2018	262	8.3 / 100,000	+14.8%	31 (2018)
Traumatic Brain Injury Deaths	2018	604	19.1 / 100,000	-6.5%	28 (2018)
Asthma Prevalence (Adults 18+)	2019	219,900	9.9%	+6.9%	29 (2019)
Diabetes Prevalence (Adults 18+)	2019	190,500	8.5%	+1.3%	13 (2019)
High Blood Pressure (Adults 18+)	2019	532,900	27.0%	+10.3%	7 (2019)
Poor Mental Health (Adults 18+)	2019	459,100	20.7%	+10.1%	28 (2019)
Coronary Heart Disease Deaths	2018	1,624	51.4 / 100,000	-5.8%	4 (2018)
All Cancer Deaths	2018	3,262	103.2 / 100,000	+1.3%	1 (2018)
Stroke Deaths	2018	919	29.1 / 100,000	+1.6%	24 (2018)
Births to Adolescents (Ages 15-17)	2018	363	4.9 / 1,000	-15.3%	10 (2018)
Early Prenatal Care	2018	35,975	76.2%	-1.0%	n/a
Infant Mortality	2018	255	5.4 / 1,000	-7.0%	24 (2017)
Childhood Immunization (4:3:1:3:3:1:4)††	2019	49,400	80.0%	+8.0%	7 (2019)

\$ Relative percent change. Percent change could be due to random variation.

Figures subject to revision as new data is processed.

** State rank based on age-adjusted rates where applicable.

†† Data from 2019 NIS for children aged 24 month (birth year 2017).